مذكرات Smle Secrets

?!!2021الاسئلة موزعه حسب الاشهر, مذكرة الباطنية

December part 2+ most Import 100Q

Smle.Secrets



Q1-what is finding of biopsy in celiac disease?

A- subtotal villous atrophy

Answer:A

اول جملة احفظوها تعرفوا ان الحاله هذه celiac disease

Small-bowel biopsy shows villous atrophy.

اربطوها ب : villous= فيلاز = فيلا = celiac = سيلياك = سيلك كهرباء = فيلا جديد لازم نركب فيها اسلاك كهرباء



تواصل معنا

Q2-Abdominal bloating and diarrhea after eating wheat you suspect non compliance of the patient how will you confirm your suspicion?

A. Food diary
B. Biopsy
C. Tissue transglutaminase antibody
D. Anti-endomysial antibody

Right answer is Tissue transglutaminase antibody

ثاني جملة : **A anti-tissue transglutaminase antibody**

ال antibody هذه اذا كانت موجودة في دم المريض معناها مصاب ب celiac disease

هذه سهلة لان نفس ال antibody فيها كلمة glutamin و مرضى السيلياك يكون عندهم عدم تقبل اي اكل فيه glutamin ف سهلة من اسمها anti-tissue transglutaminase

Q3- Abdominal bloating and diarrhea after eating wheat what manifestation associated what is extra-intestinal manifestation ?

A- Dermatitis herpitiform

B- Psoriasis

C- rash

D- oral ulcer

Right answer is Dermatitis herpitiform

dermatitis herpetlformis : ثالث جملة

= celiac = هربت = هيربي = herpetlformis : اربطوها ب

سلك = هربت من السلك لحسن ينفجر عليا



تواصل معنا

Q4- Patient came abdominal bloating and diarrhea after eating wheat and ask about what is diagnosis ?

A-Celiac disease

B- crohns disease

C- ulcerative colitis

D- irritable bowel syndrome

Right answer is Celiac disease

رابع شيئ : لما الشخص ياكل اكل فيه شعير مثل الخبز بالانجليزي اسمها **glutine** اي مرة حتى لو اكل بسيط لكن يحتوي على نسبة **glutine** يجيهم بعد الاكل = اسهال +و انتفاخ بالبطن + وكمان يجيهم انيميا بسبب ان الامعاء الخلايا المسئوله عن امتصاص الفايتامينات و الحديد من الاكل حصل فيها ضمور **atrophy** ف خلاص الاكل الي ياكله لا يحصل امتصاص للفايتامين ف اكثر شكوى في الحالة يقولكم المريض عنده اسهال دايما بعد الاكل ، او يحدد لكم في السؤال اسهال بعد الاكل الذي يحتوي على **glutine** و لما عملوا تحليل دم وجدوا فيه فقر دم انيميا ايضا ممكن يضيف و يقولكم عنده فقدان بالوزن بسبب انه مافي استفادة من الاكل الي ياكله اذا كان فيه شعير بالذات على طول اسهال بعد الاكل ، ف يجيهم فقدان بالوزن .



Q5- Scenario of a child with celiac disease, +ve anti-endomysial antibodies and Antitransglutaminase antibodies (ATA), biopsy shows villous atrophy what to do?
A-Gluten free diet
B-Gluten free diet for 6 months and then do biopsy again

Right answer is Gluten free diet

خامس شي يسالكم عن العلاج هيا ثلاث كلمات لا اكثر ولا اقل

الجواب : **gluten free diet**

يعني مافي حل الا انه يتجنب الاكل الذي يسبب لهم المشكلة و هو يبعد عن اي اكل فيه **gluten** لذلك تلاحظوا بالسوبر ماركت يكتبوا في اكلات معينة هذا الاكل لا يحتوي على **gluten** .

كثير اسئلة متنوعة و كثيرة جدا عن **Celiac disease** لكن احفظوا ال5 اسرار هذه و باذن الله تعرفوا تجاوبوا على اي سؤال يخص **Celiac disease**



Q6- 31 years old 10 months history of abdominal bloating and diarrhea after eating wheat there is lab and show anemia , +ve anti-endomysial antibodies and Antitransglutaminase antibodies (ATA), biopsy shows villous atrophy What to give ?

A-anti diarrhea

B-anti biotic

C-anti parasite

D-gluten free diet

Right answer is D-gluten free diet

Q7- which of the following can't be prescribed for celiac patients?

A. Rice

B. potatoes

C. Barley

D- vegetable

Right answer is Barley شعير

Q8- Patient 28 years symptoms of celiac disease symptoms. Which part of intestine is almost affected?

A. ilium

B. colon

C. jujenum

Right answer is jujenum

Mnemonic



Celiac = اسالهم

Jejunum = جواب = جيجينام

Celiac = اسالهم
Jejunum = جواب = جيجينام
اسالهم وهم راح يجاوبوك

When people with celiac disease eat gluten (a protein found in wheat, rye and barley), their body mounts an immune response that attacks the small intestine. These attacks lead to damage on the villi, small fingerlike projections that line the small intestine, that promote nutrient absorption.



Features of malabsorption in celiac disease

Nutrient	Symptoms
General	Bulky, foul-smelling, floating stools
Fat & protein	Loss of muscle mass, loss of subcutaneous fat, fatigue
Iron	Pallor (anemia), fatigue
Calcium & vitamin D	Bone pain (osteomalacia), fracture (osteoporosis)
Vitamin K	Easy bruising
Vitamin A	Hyperkeratosis

Q9- A female patient on isotretinoin for Acne. wishes to conceive. What should the physician tell her about the appropriate time?

A- She can conceive after 1 month of stopping isotretinoin.
B- She can conceive as soon as she stops the isotretinoin.
C. She can conceive while taking isotretinoin
D. She can conceive after 3 moths off of isotretinoin An elderly in end stage cancer with unbearable pain.

Right answer is Barley She can conceive after 1 month of stopping

تذكروها ب

Isotretinoin = 1 month

Q10- Young girl with diarrhea since one week then came today with left knee swelling, right elbow, left Achilles tendon. Stool analysis shows +ve clostridium toxins. What is the Diagnosis ?

A. JIA

B. B. Reiter's syndrome

C. C. septic arthritis

D. D. Reactive arthritis

Right answer is D. Reactive arthritis

باختصار **Reactive arthritis** معناها الشخص اصاب ب اي عدوى في الجسم ، سواء كان في الامعاء في الجهاز التنفسي اي مكان المهم انه قبل فترة جاته **infection** في جسمه و بعد فترة اشتكى من مشكلة في المفاصل الم و تورم في المفاصل و مايقدر يمشي عادة يكون مفصل الركبة و القدم ، في السؤال يقولكم المريض كان عنده اسهال من قبل والحين مشاكل في المفاصل هذه واضحة **Reactive arthritis** طيب العلاج ؟

NSADI

Asthma

مهم جدا



Q11- Patient with diabetes and HTN and CHF was prescribed warfarin for DVT now has edema and investigations given. K=6.5, aptt high , PT normal. He's on ACEI , insulin and furosemide .which medication will you *will stop* ?

A. **warfarin**

B. **B. ACEI**

C. **C. Diuretic**

D. **D. Insulin**

Right answer is B. ACEI

تذكروها ب

ACEI = K

حرف ال C مع حرف K

Q12- Best diagnostic test for asthma?

- **Spirometry**
- **Methacholine test**
- **X.ray**
- **ABG**

Right answer is Spirometry

تذكروها ب

Spirometry سبايروا = سبراي = بخاخ = بخاخ ربوا

هو احسن شيء. يشخص الازمة



Q13- case of Acute asthma exacerbation what study is most accurate to monitor improvement?

A- Chest x-ray

B- ABG

C- Pulse oximetry

D- Peak flow rate

Right answer is D- Peak flow rate

تذكروها ب

Peak flow rate

علشان اراقب علاج الازمة بالجرعات الي وصفناها ممتازة وجالس المريض يتحسن او لا ، استعمل اختبار اسمه Peak flow rate

Peak = See = monitor improvement

Q14- What indicates severe asthma?

A. Respiratory Rate >25

B. B. HR >100.

C. C. PEFR <300.

D. D. O2sat <95%

Right answer is Respiratory Rate >25

تذكروها ب

Respiratory Rate >25

تخيلوا يسير اليوم بدل 24 ساعة يسير 25 ساعة ، من الصدمة ناخذ **شهيق قوي = severe asthma**

نوت بسيطة :

ممكن في الاختبار يكتبوا لكم رقم اكثر من 25 و فيه بعض الي اختبروا قالوا جاء 55 بدل 25 ف كلهم صح اهم شيء رقم فوق 25

تواصل معنا

Acute severe asthma	One of: • PEFR 33–50% best predicted • Respiratory rate ≥ 25/min • Heart rate ≥ 110/min • Unable to complete a full sentence
Life-threatening asthma	Severe asthma plus one of • PEFR < 33% best predicted • $SpO_2 < 92\%$ • $PaO_2 < 8$ kPa • Silent chest • Cyanosis • Poor respiratory effort
Near fatal asthma	Raised $PaCO_2$ Requiring mechanical ventilation

Abbreviations: PEFR, peak expiratory flow rate; SpO_2, oxygen saturation measured by pulse oximetry; PaO_2, arterial oxygen partial pressure; $PaCO_2$, arterial partial pressure of carbon dioxide.

Source: Adapted from Annex 4 of the BTS/SIGN Asthma Guidelines.[15]

Q15- Asthmatic baby brought to clinic by his mother , she told you that she concerns about future of her baby ?

A-told her that the child asthma not related to the adult asthma
B-He will have asthma in the in the rest of his life

C-Told her that most of asthmatic baby become better in the adulthood

Right answer is C-Told her that most of asthmatic baby become better in the adulthood

تذكروها ب



باذن الله الطفل يكبر و يتحسن عنده الازمه

Q16- **what decrease asthma exacerbation?**

A-influenza vaccine
B- wash bed with cold water
C- keep humdity > 50%
D- carpet in room and play place

Right answer is A-influenza vaccine



تذكروها ب

مرض الازمة = قريب من مرض ال انفلونزا

decrease asthma exacerbation =influenza vaccine

Q17- 16-year-old male, known case of asthma since 2 years, he uses albuterol inhaler rarely came for counseling. He played in sports participation. What is the best question to ask to know his response?

A.Are you keeping with your friends?

B.B. How frequent do you use the inhaler?

C.C. Are you coughing during the day?

D.D. Are you coughing while eating?

Right answer is B. How frequent do you use the inhaler?

تذكروها ب

How frequent do you use the inhaler?

كم مرة تستخدم البخاخ في اليوم ؛ اذا كثير تستخدمه معناها استجاب للعلاج قليلة

Q18- Know case of asthma use steroids come with oral thrush what's treatment ?

A. Nystatin

B. Itraconazole

C. Amphotericin b

Right answer is Nystatin

تذكروها ب

بخاخ ال **steroids** بسبب كثرة البخاخ ف هو يسبب فطريات في اللسان لذلك نعطيهم مضاد للفطريات **Nystatin**

Nystatin = oral thrush

oral thrush = اسنان = نيستان = Nystatin

Q19- Asthma exacerbation after pneumonia, what is Tx?

A. Ventolin + Antibiotic
B. B. Ventolin + systemic steroid
C. C. Systemic steroid + hydration
D. D. Systemic steroid + AB

Right answer is Ventolin + Antibiotic



تذكروها ب

سهل جدا عنده التهاب رئوي و ربوا نعطيه مضاد حيوي و علاج للربو **Ventolin + Antibiotic**

Q20- patient who os on NSAIDS for joint pain, presented with sudden severe continious abdominal pain. He denied any history of vomiting, constipation, diarrhea, and or hematemesis. The pain is located in the epigastric area with a feeling of Nausea. Upon examination. There is tenderness and rigidity.What is the diagnosis?

B) Acute gastritis
C) Perforated peptic ulcer
D) Boerhaave syndrome

Answer : Perforated peptic ulcer

Q21- Q-A newly born presents with meconium aspiration. He was stabilized by intubation and given IV inotropic fluid. After that he developed respiratory distress. His preductal O2 sat was 92% and post ductal O2 sat was 83%. What is the next step in managing the patient?

A) MGSO4

B) Nitric oxide

Answer:B

In a severe form of **meconium aspiration syndrome**, we have shown that short-term therapy with inhaled **nitric oxide**, combined with conventional ventilatory therapy and treatment with surfactant, improves oxygenation, without a significant decrease in pulmonary arterial pressure.

Q22- Patient with a history of kidney stone 2 weeks ago His labs showed <u>hypercalcemia , hyperparathyroid , hypophosphatemia</u> Urea and creatinine elevated What is the cause of hypercalcemia ?

A-Primary hyperparathyroidism

B-Secondary hyperparathyroidism

C-High 1,25 dihydroxycholecalciferol

Right answer is A-Primary hyperparathyroidism

تذكروها ب

هرمون ال **parathyroid** مسؤول عن انه يطلع الكالسيوم ، ف لما يزيد وظائف ال **parathyroid** طبيعي الكالسيوم راح يرتفع لذلك بالسؤال قالكم المريض عنده **hyperparathyroidism** مع **hypercalcemia** و ارتفاع الكالسيوم مشكلتة انه يسبب ترسبات في الجسم من ضمنها الشراين و الاوعية ف يسبب لهم ضيق و اذا حصل ضيق في شريان الكلى ف انه يؤدي الى فشل كلوي ، لذلك المريض عنده وظائف الكلية مرتفعه **Urea and creatinine elevated** ، ايضا ارتفاع الكالسيوم يعمل حصوات بالكلى لذلك قالكم هنا عنده **kidney stone** و اذا كان الكالسيوم عالي و الفوسفات قليل يعني عكس بعضهم ف هذا تشخيصه

	Primary Hyperparathyroidism	Secondary Hyperparathyroidism	Tertiary Hyperparathyroidism
Calcium	↑	↓/N	↑
PTH	↑	↑	↑↑
Phosphate	↓	↑/N	↑

Q23- bone resorption asking about the cause, they gave increased PTH and high Calcium + high phosphate ?

A.Tertiary hyper parathyroidis

B.Primary hyperparathyroidism

C.Secondary hyperparathyroidism

Right answer i A.Tertiary hyper parathyroidis

اذا كان الثلاث كلهم عالي كالسيوم و PTH و phosphate ف من اسمها ثلاثي:

***Tertiary* hyper parathyroidis**

Q24- Pediatric patient brought by his parents. X ray showed widening of the ends of his bones (growth plates) Calcium (low) PTH (mildly high) Alkaline phosphatase (very high) What does the patient have?

A) Hypophosphataemia

B) primary hyperparathyroidism

C) vit D deficiency rickets

D) renal osteodystrophy

Right answer is vit D deficiency rickets

Condition	Genetics	Ca	Phos.	Alk Phos	PTH	Vit D	1,25 (OH)VitD
Vitamin D Resistant Rickets (Hypophosphatemic)	X linked dominant	–	↓	↑	–	–	
Vitamin D Deficiency Rickets (Nutritional)	Nutritional	–↓	↓	↑	↑	↓	
Type I Vitamin D Dependent	Auto. Recessive	↓	↓	↑	↑		↓↓
Type II Vitamin D Dependent	Auto. Recessive	↓	↓	↑			↑↑
Hypophosphatasia	Auto. Recessive	↑	↑	↓↓	–	–	
Renal Osteodystrophy	Renal Disease	↓	↑	↑	↑		
Hyperparathyroidism	90% adenoma	↑	↓	↑	↑		

	Primary Hyperparathyroidism	Secondary Hyperparathyroidism	Tertiary Hyperparathyroidism
Calcium	↑	↓/N	↑
PTH	↑	↑	↑↑
Phosphate	↓	↑/N	↑

Q25- Which of the following is a characteristic of atrial septal defect ?

A) S3 gallop
B) click
C) Splitting of S2
D) opening snap

Answer: C

Key Auscultation Features **The major auscultation feature of** ASD **is a fixed,** split S2 **heart sound**



Q26- Patient post MVA complains of SOB, signs of respiratory distress and distended neck veins. Chest examination reveals hyper-resonance . What is the next step in management?

A) needle decompression in intercostal space
B) chest tube in intercostal space
C) Thoracotomy
D) tube drainage in intercostal space

Answer: A

Treatment of tension pneumothorax is immediate needle decompression by inserting a large-bore (eg, 14- or 16-gauge) needle into the 2nd intercostal space in the midclavicular line. Air will usually gush out.



Q27- 3Which of the following, bone age is more important chronological age?

A) Familial Short stature

B) Congenital Adrenal Hyperplasia

C) Rickets

Answer is B

*—Children with **familial short stature** or **idiopathic short stature** have a **bone age** equivalent to their hronologic **age**, and children with **constitutional** delay of growth and puberty or endocrine disorders have a **bone age** that is less than their chronologic **age**.

2015/07/01

afp ‹ www.aafp.org

skeletal advancement. Adrenal tumors and adrenal disease alone (eg, congenital adrenal hyperplasia) are associated with advanced bone age.[59–63] In addition, hyperthyroidism is associated with an advanced bone age, which may be independent of pubertal progression.[64,65]

Esophageal varices

Q28-Patient with esophageal bleeding, How to prevent?
A. Nadolol
B. Aspirin

Answer is beta block (Nadolol) it decrease portal pressure in patients with cirrhosis)

beta block (Nadolol) it decrease portal pressure in patients with cirrhosis)



بيتا بلوك مثل ما انه يقلل ضغط الدم
كذلك
يقلل الضغط على الvien وبالتالي لما
يقل الضغط راح يقل فرصة حصول نزيف .
ف اي مرة السؤال يقولك مريض عنده
د**varices** وسالك كيف نحميه من النزيف
فالجواب يكون beta block مثل nadlol

ربط= نادلول nadlol = دم .



Q29- Q254- A 32 years-old alcoholic male patient is brought to the emergency department with the history of vomiting large amount of bright red blood. Physical examination revealed splenomegaly and ascites. after initial ER management, what to give before endoscopy?

A-octreotide

B-VITK

C-vasopressin

D- propranolol

Answer is A-octreotide

بينما السؤال لو قالك الان هو عنده نزيف وجاك الطوارئ ايش الدواء الي ياخذه علشان النزيف الي عنده ؟ يكون الجواب Octeoride
بينما لو السؤال قال كيف ((اَحمي) من حصول النزيف يكون الجواب بيتا بلوك .
ايضا دواء Octeoride لازم نعطيه للمريض قبل ان ندخل له منظار endoscopy لعلاج . varcises



Q30- What is a long term treatment for Esophageal varices ?

A) Protone Pump Inhibitor
B) Calcium Channel Block
C) Beta Block

Answer is C

Q31- Q-A 32 years-old alcoholic male patient is brought to the emergency department with the history of vomiting large amount of bright red blood. Physical examination revealed splenomegaly and ascites. Which of the following is the most likely source of bleeding?

A-Esophageal varices
B. Acute pancreatitis

C. Chronic pancreatitis

D. Pancreatic pseudocyst
answer is A

Esophageal varices summary



اذا السؤال قالكم واحد عنده Esophageal varices

والان هو في الطوارئ قبل لا اسوي له منظار

what to give before endoscopy

ايش الدواء الي ياخذه يكون الجواب :

I.V octreotide





اذا السؤال قالكم واحد عنده Esophageal bleeding و خلاص تعالج في الطورئ ايش الدواء الي ياخذه علشان يحميه انه يسير له نزيف مرة ثانية

How to prevent or what is long term treatment for Esophageal varices

Beta block



اذا جاتكم حالة المريض يكون يشرب كحول له فترة وجاء له فشل بالكبد بسبب الحول ثم سار له بالكبد تليف يعني :

ascites and cirrhosis

والحين جاك الطوارئ ب استفراغ دم ايش يكون التشخيص ؟

Esophageal varices

Q32- Young female pregnant in her 28th week, pregnancy test was done at home. She presented with mild bleeding loss of fetal movement. She denied any passage of tissue or abdominal pain. Transvaginal US was done and showed pregnancy of 18 weeks and no heart beat. (No other information was provided about the cervix). What is your diagnosis?

A) Fetal Demise
B) Missed Abortion
C) Incomplete abortion

Answer:A Fetal Demise مصطلح معناه الجنين مات قبل الولادة

اذا الجنين مات بعد الاسبوع ال 20 نسميه Fetal Demise اذا مات قبل الاسبوع ال 20 نسميه Missed abortion

Q33- Pediatric patient had an hepatitis infection history of eating restaurant

A) Hepatitis A
B) Hep B
C) Hepatitis C

Answer: A

الي ياكل من المطاعم و بعدين جاته اعراض التهاب في الكبد hepatitis معناه اصاب ب فايرس A هو الي يجي بسبب الاكل الملوث

Q34- Female brought her baby to the well baby clinic, he is still formula/breast fed, the doctor advised her baby on iron supplement 1 month after this appointment. How old is the infant now?

A) 1m
B) 2m
C) 3m
D) 6m

Answer: 3month

Most newborns have sufficient iron stored in their bodies for at least the first 4 months of life. Breast milk contains very little iron; therefore, the recommends that infants who only receive breast milk will need a supplement of iron each day at a dose of 1 milligram of iron for each kilogram of body weight; this supplement of iron should start at 4 months of age.



Q35- 32 year Pregnant with Breast mass, What investigation to do

A)Bilateral us

B) Bilateral diagnostics mammogram

Answer: A

Q36- Pediatric with fevers and rash on the hand and mouth. What to expect in exam ?

A) Spots on foot
B) Lymph nodes
C) Scratch marks

Answer: A (Hand-foot-and-mouth disease



Q37- sickle cell anemia pregnant patient , antenatal complication associated with her condition?

A)Low birth weight

B) Chest infection

Answer: A

During **pregnancy** the **disease** can become more severe, and pain episodes can occur more often. A **pregnant** woman with SCD is at a higher risk of preterm labor, having a low birth weight baby or other **complications**.

Q38- pregnant women with ectopic pregnancy taking medications as management then suddenly bleeding and loss of counciousness next step?

A)Observation

B) D and C

C- laparotomy

Management

- **Ruptured ectopic.** The diagnosis of ruptured ectopic pregnancy is presumed with a history of amenorrhea, vaginal bleeding, and abdominal pain in the presence of a hemodynamically unstable patient. Immediate surgical intervention to stop the bleeding is vital, usually by laparotomy.



Kaplan USMLE - Step 2 CK Lecture Notes 2017 - Obstetrics and Gynaecology.

Q39- side effects of rifampicin?

A) Discolor of secretion ...

Q40- Q-child/baby has no distal pulse what you need to check before reduction? A- pulses in other side

Q41- Diabetic patient Elderly came with ingrowing nail, First thing to do: A.Check peripheral pulses

Q42- A female wants to get pregnant, in her previous pregnancy she delivered a baby with Down Syndrome. What would have been of benefit when she was pregnant?

A. High hCG, Low AFP and High inhibin A , Low estrio1

B. high hCG, Low AFP and Low inhibin A

c.

Answer: A High HCG, HIgh Inhibin A, Low Estriol, Low AFP✅

اثنين منهم يكون عالي و اثنين منهم يكون منخفض العالي يكون فيهم حرف ال H وهم :

High HCG, HIgh Inhibin



Q43- Most common Leukemia in children?

ALL (Acute lymphoblastic leukemia

Q44- Long scenario about patient with dx of necrotizing pancreatitis with sepsis admitted to ICU for 4 weeks and treated , now on mechanical ventilation and inotrops. What is the physiological process ?

A) Increase lipolysis
B) Increase insulin resistance
C) Hypoglycemia
D) Decrease Gluconeogenesis

Answer: A

Q45- Bilateral hydronephrosis in baby. What is the best diagnostic test ?

A) Voiding Cystourethrogram
B) DMSA
C) Other scan type
D) IV pyelogram

-MCUG (micturating cystourethrogram)

Q46- Patient diabetic and hypertension there is Medial ulcer right foot and Intact pulse what causes of ulcer ?

A) burger disease

B) Dm

C) Atherosclerosis

D) Venous HTN

Answer: D

►**Chronic venous hypertension**. accounts for about 70% of **ulcers** in the lower limb. ►It occurs as a result of damage to. the valves of the leg which allows backflow of **venous** blood and an increase to the volume of blood in the lower leg.

content_9420 ‹ resources ‹ www.woundsinternational.com



Q47- Q-lateral malus ulcer with absent pulse most Important investigation?

A. **CT Angio** ✅

B. venous doppler

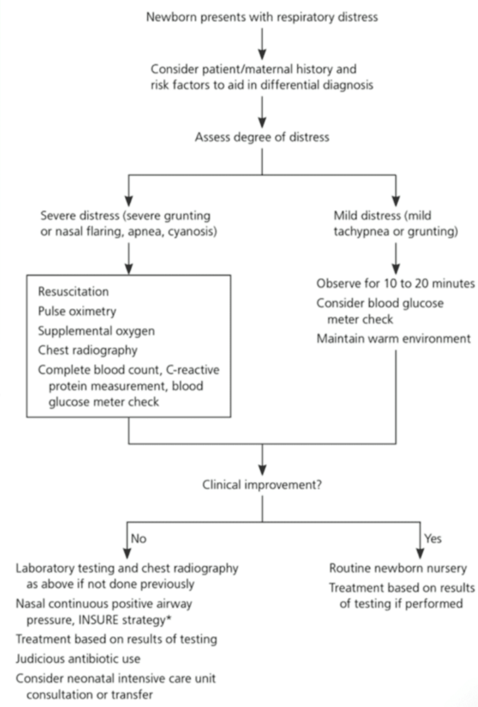
Q48- - medial malleolus ulcer Diabetic Intact pulse Best initial test?

A.Venous Douplex affected leg✅
B.Douplex both legs
C. CT angio

Q49- Newborn, full term, diabetic mother with Respiratory distress every thing normal except respiratory distress. No vitals mentioned ?

A) Intubation and MV
B) ICU, monitor blood glucose and observation

Answer: B



50

Endometriosis most acceptable dx method?

A) MRI
B) Laparoscopic
C) US
Answer: B

Diagnosis. The diagnosis of endometriosis is made by laparoscopy. There is a suspicion of the disease based on history and physical examination; however, laparoscopic identification of endometriotic nodules or endometriomas is the definitive way of making the diagnosis.

Kaplan USMLE - Obstetrics and Gynaecology

51

35 year old female, smokes 12-14/day. Came to antenatal clinic .. what is the greatest risk factor for sub fertility?

A) smoking
B) Maternal age

Answer: B

Fecundability. This is the likelihood of conception occurring with one cycle of appropriately timed midcycle intercourse. With the female partner age of 20 years, the fecundity rate is 20%. By age 35 years, the rate drops to 10%.

Kaplan USMLE - Obstetrics and Gynaecology

Maternal age is probably the **most significant factor** related to a woman's ability to conceive. While many women today are waiting to become pregnant, the ovary's ability to produce normal, healthy eggs declines with age, increasing the **risk** of chromosomal abnormalities and unsuccessful implantation and pregnancy.

infertility-risk-factors ‹ education ‹ www.ucsfhealth.org

Q52- Submucosal fibroid removal in a female wants to preserve her fertility?

A) hystroscopic resection
B) Laproscopic myomectomy
C) Lap hystrectomy
Answer: A) hystroscopic resection

- **Sub mucus fibroid = hysteroscopic resection**
  Sub serous fibroid = labaroscopic resection

Management	Clinical effect/Method of Treatment
Observation	Most Serial pelvic exams
Presurgical shrinkage	↓ size by 70% GnRH analog 3–6 months; regrowth after stopping
Myomectomy	Preserves fertility Laparotomy, laparoscopy
Embolization	Preserves uterus Invasive radiology
Hysterectomy	Fertility completed Total abdominal hysterectomy, total vaginal hysterectomy

Kaplan USMLE - Obstetrics and Gynaecology

Q53- Alternative treatment for severe depression?

A) Electroconvulsive therapy
B) TCA
C) Elctro somthing graph therapy

Answer: A

Electroconvulsive therapy (**ECT**) is a medical **treatment** most commonly used in patients with severe major depression or bipolar disorder that has not responded to other **treatments**. **ECT** involves a brief electrical stimulation of the brain while the patient is under anesthesia.

Q54- Paragravedous in labour, When Latent phase consedrid prolonged?

A) 2 H
B) 4 h
C) 8 h
D) 18 h

ABNORMAL LABOR

Prolonged Latent Phase

> A 29-year-old multigravida at 40 weeks' gestation is being observed in the maternity unit. She states she has been having regular uterine contractions for 24 h but cervical dilation remains at 1–2 cm. Her vital signs are stable. EFM tracing is reassuring regarding fetal status.

Diagnosis. Prolonged latent phase requires that, in the face of regular uterine contractions, the cervical dilation is <6 cm for a duration of >20 h in a primipara or >14 h in a multipara.

Cause. Latent-phase abnormalities are most commonly caused by injudicious analgesia. Other causes are contractions, which are hypotonic (inadequate frequency, duration, or intensity) or hypertonic (high intensity but inadequate duration or frequency).

Management. This involves (a) therapeutic rest with narcotics or sedatives, (b) oxytocin administration or (c) amniotomy. Cesarean delivery is never appropriate management for prolonged latent phase.

OB Triad

Prolonged Latent Phase

- Pregnant with regular uterine contractions
- Cervix dilated 2 cm
- No cervical change in

Q55- 3 years old girl is brought to the clinic with weight loss of 1 kg over the last 2 weeks in spite of increased appetite and thirst Glucose 25 high Which of the following diagnostic tests is most important?

A. glycosylated hemoglobin

B. full blood cell count

C. HLA DR3 antigen

D. urine dipstick

Right answer is urine dipstick

الطفل عنده اعراض اصابته ب السكر ف نستبعد الاول ال DKA عن طريق تحليل بول ل استبعاد وجود كيتون



Q56- 17 YO female has DM type 1 for 5 years with 3 times DKA. Mum is asking the prognosis of the disease, Which can be used for annual screening fir nephropathy?

A-Urine analysis

B-Microalbumin in urine

C-serum Creatinine

D-HgA1c

Right answer is B- Microalbumin in urine , but the best answer is Albumin/Creatinine ratio.

Q57- 8 or 9 month old child presented with rash noticed by parents , both parents had eczema before Whatever typical site according the child age ?
A- upper back
B- diaper area
C- scalp , cheeks, forehead
D - dorsum of feet

Right answer is C- scalp , cheeks, forehead

Q58- Mother (young)has difficulty breastfeeding her baby bc the nipple is inverted ,on ex the doctor touched the nipple then it slitted and dilated duct behind appears ,diagnosis ?

A--duct ectasia
B--fibroadenoma
C—carcinoma

Right answer is A--duct ectasia



توسع القنوات الثديية **duct ectasia** وهي الحالة التي يكون فيها إنسداد للقنوات التي تنقل الحليب ،
فهو إختلال يحصل في فترة ماقبل سن اليأس. يمكن أن نلاحظ إنكماش في الحلمات ، إنقلابها **nipple is inverted** وفي بعض الأحيان سيلان دموي منها.

مفتاح السؤال : **dilated duct behind + nipple is inverted = اختاروا -duct**

Q59- Q-19 year old male attempts that the TV show presenter is trying to steel his thought, he stated to his mother that he believes in super power and they are controlling him The likely diagnosis is:

Q60-Man cover the tv bc he think it can see him and it is manipulated by other :

- **A- mania**
- **B- schizophrenia**
- **-agoraphobia**

Right ans is schizophrenia

الانفصام العقلي - Schizophrenia) هو اضطراب حاد في الدماغ يعمل خلل في التفكير، التصرف، التعبير عن مشاعره، النظر إلى الواقع يكون عنده هلوسة ، يتوهم ، مثل هذه الحالة يتوهم انه في شيء اسمه قوة خارقة وانها تسيطر عليه او يقولك يتوهم ان لو شغل التلزيون يكون الشخص الي بالتلفاز يخاطبه

Q61- Child everything normal except that he had episodes of blinking several times but he is conscious ,aware and talking with parents then resolved .,diagnosis ?

A- -tourette syndrome
B- -tic disorder

Right answer is B- -tic disorder

كلمة المفتاح لتشخيص **Tics** هي :
blinking eye several times

Q62- female after in vitro fertilization came for follow up on week 11 of gestation. US revealed twin with nuchal translucency *5 mm* in one of them. Which of the following is true regarding this case?

A--turner syndrome

B-A.this baby is at risk of congenital heart disease.



الطبيعي يكون ال nuchal translucency اقل من 3.5mm هذه الحالة قالك في الأسبوع 11 يعني first trimester
و عندها nuchal translucency 5mm يعني فيه فيه زيادة واذا زاد nuchal translucenc = معناها الجنين يعاني من احد الحالتين:
Chromosome abnormal او Congenital heart disease
متى اختار Chromosome مثل داون او تورنير ؟
اذا قالك في السؤال karyotype abnormal واذا قالك نورمال karyotype يكون الجواب Congenital heart disease ؟

INTRODUCTION. There is ample evidence that **increased nuchal translucency** (**NT**) in fetuses with normal karyotype is associated with **increased** risk of fetal structural anomalies, most commonly **congenital heart defects** (CHDs)1, and the chance of **CHD increases** exponentially with **increasing NT**2. Apr 18, 2013

obgyn.onlinelibrary.wiley.com › uog

Nuchal translucency and major heart defects in fetuses ...

About featured snippets   Feedback

- **NT ≥ 3 mm, 58 cases** [maternal age; 31.8±5.01years]
  - **Normal karyotype 47 cases (81%)**
    - **Fetal (structural) abnormalities 5/47 cases (10.6%)**
      - Cardiac abnormality — 1 case
      - Fetal hydrops — 2 cases
      - Fetal pleural effusion — 1 case
      - Diaphragmathic hernia — 1 case
  - **Abnormal karyotype 11 cases (19%)**
    - Trisomy 21 — 5 cases
    - Trisomy 18 — 4 cases
    - monosomy X — 1 case
    - mos47,XXY[52]/46,XY [8] — 1 case
- **NT < 3 mm, 113 cases** [maternal age; 38.7±3.92 years]
  - **Normal karyotype 107 cases (95%)**
    - **Fetal (structural) abnormalities 1/107 cases (0.9%)**
      - Cardiac anomaly — 1 case
  - **Abnormal karyotype 6 cases (5%)**
    - Trisomy 21 — 4 cases
    - Trisomy 18 — 2 cases

Q63- Q-Female pregnant, what of the following true regarding Elevated hCG?

A.High hcg indicator of ectopic pregnancy
B.High hcg in second trimester indicator of pregnancy.
C.High hcg in second trimester is the most sensitive marker of Down syndrome. ✅
D.High hcg can cause elevation of TRH which cause hyperthyroidism.

Note : Serum hCG β and intact hCG (α and β) are significantly elevated at 11–14 wks gestation in Down's syndrome pregnancies. NCBI

Q64- Scaled burn *3rd* grade on genitalia in pediatric management
A- -Antibacterial topical
B--Refferal to burn team or /burn center
C--Ointment topical

Right answer is --Refferal to burn team or /burn center

We review the etiology and the management strategy of genital burns. The incidence of genital burns ranges from 2.8 to 13%. Most are part of larger injuries. Scald burns are typical for children, whereas flame and chemical burns happen more often in adults. For first and second-degree genital burns, a conservative approach with physiological dressings and topical antimicrobials is advised. Only third degree burns need to be treated with removal of necrotic tissue and grafting. Indwelling catheters or suprapubic drainage systems must be avoided whenever possible.



Q65- Physiological changes in pregnancy that can lead to heart failure in patient with mitral stenosis

A- increase minute ventilation
B-Increased stroke volume
C- increase renal plasma flow
D- increase RBC mass

Right is B-Increased stroke volume

Q66- What drug cause insomnia and headache ?

Q67- lady who lost her close friend in grief and complaining from trouble sleeping Which is drug causes ?

A.Imipramine.

B.Chlorpromazine.

C.Lorazepam

D.Fluoxetine

Right is D.Fluoxetine



السؤال   قال ايش الدواء الي يسبب مشاكل بالنوم يعني أرق

يكون Fluoxetine.

تذكروها ب : حرف F من اوف = مشاكل و أرق في للنوم . دواء يسبب مشاكل في النوم = fluoxetin

Q68- Women with history of insomnia and crying for 5 days due to sibling death,what is the quick drug to used?

A.Imipramine.
B.Chlorpromazine.
C.Lorazepam
D.Fluoxetine



دواء يعالج مشاكل النوم (يعالج الارق insomnia) lorazepam دواء lorazepam كويس للنوم يخليه يرتاح وينام .
كلمة lora = من lorazepam = لورا = لمبة = طفي النور علشان تنام.

Q69- Female brought her baby to the well baby clinic, he is still formula/breast fed, the doctor advised her baby on iron supplement 1 month after this appointment. How old is the infant now?

A_1 month
B-3 month
C-6 month

Right is B-3 month

يفضل اعطاء الحديد في عمر ال 4 اشهر ، الطبيب اعطى للام موعد بعد شهر معناها الطفل الان عمره ٣ شهور وبعد شهر راح يكون عمره ٤ اشهر .

Most newborns have sufficient iron stored in their bodies for at least the first 4 months of life. Breast milk contains very little iron; therefore, the recommends that infants who only receive breast milk will need a supplement of iron each day at a dose of 1 milligram of iron for each kilogram of body weight; **this supplement of iron should start at 4 months of age.**



Q70- Q-a child presented with 3 days of vomiting Other information were given. What will be the electrolyte derangement?

A- Hypochloremic hypokalemia, metabolic alkalosis
B- Hypernatremic hypokalemia, metabolic alkalosis
C- Hyponatremic hypokalemia, metabolic acidosis
D- Hyperchloremic hypokalemia, metabolic acidosis

Right answer is A- Hypochloremic hypokalemia, metabolic alkalosis

كلمة vomiting = مع alkalosis = الكالوز = اكل = يستفرغ اكل و k



Q71- Patient with 2 weeks history of watery diarrhea, vitals were stable What is the expected acid-base abnormality?

A Metabolic alkalosis

B.Metabolic acidosis

C Compensated metabolic, acidosis

D. Compensated metabolic alkalosis

Right is C Compensated metabolic, acidosis

Q72- elderly with massive lower GI bleeding (thats it) , most common diagnosis ?

A. Angiodysplasia

B. Diverticulosis

C. Colon ca

Right answer is B. Diverticulosis

هنا سأل عن اكثر سبب يسبب النزيف من الجهاز الهضمي السفلي في كبار السن ؟ Diverticulosis يسبب نزيف حاد من lower GI

First Aid

KEY FACT

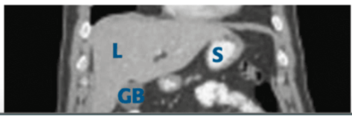
Diverticulosis is the most common cause of acute lower GI bleeding in patients > 40 years of age.

KEY FACT

Following resolution of an acute episode of lower GI bleeding, all patients must have a colonoscopy to rule out colon cancer if they have not been screened within the last 5–10 years.

KEY FACT

Sigmoidoscopy should be avoided in the initial stages of diverticulitis in light of the risk of perforation.



DIVERTICULAR DISEASE

Outpouchings of mucosa and submucosa (false diverticula) that herniate through the colonic muscle layers in areas of high intraluminal pressure; most commonly found in the sigmoid colon. Diverticulosis is the **most common cause of acute lower GI bleeding** in patients > 40 years of age. Risk factors include a **low-fiber and high-fat diet,** advanced age (65% occur in those > 80 years of age), and connective tissue disorders. **Diverticulitis** is inflammation and, potentially, perforation of a diverticulum 2° to fecalith impaction.

History/PE

- Diverticulosis is often **asymptomatic.**
- When symptomatic, patients present with sudden, intermittent, painless bleeding. If severe, patients may present with symptoms of anemia (fatigue, lightheadedness, dyspnea on exertion).
- **Diverticulitis** presents with **LLQ abdominal pain, fever,** nausea, and vomiting. Perforation is a serious complication that presents with peritonitis and shock.

Diagnosis

- Clinical history is important to diagnosis.
- CBC may show **leukocytosis** or anemia.
- In diverticulitis, CT scan may reveal inflammation or abscess (see Figure 2.6-8).
- Colonoscopy provides the definitive diagnosis in diverticular disease. Avoid sigmoidoscopy/colonoscopy in patients with early diverticulitis in view of the risk of perforation.

Treatment

- **Uncomplicated diverticulosis:** Routine follow-up. Encourage a high-fiber

Q73- female child with epigastric pain and bruise due to fall with history of neglected fall few days ago .. what to do now ?

A- C.T scan

B- UltraSound

C- laparotomy

Right is A- C.T scan

Q74- Stabbing wound 2cm , near the umbilicus , stable patient with omentum protruding from wound and little blood, how to manage?

A. Leave wound open
B. Exploratory laparotomy
C. Close the wound
D.

Right answer is Exploratory laparotomy

هنا قال ان omentum ظهر ، ف اذا لازم
عملية Exploratory laparotomy



Conclusions

The rate of therapeutic laparotomy remains to be significantly higher among patients with omental evisceration. Hence, omental evisceration, particularly those associated with peritonism, should continue to prompt operative management. Prospective studies may be needed to investigate further the role of selective non-operative management for patients with a benign abdominal examination to provide a more accurate and appropriate recommendation for this subset of patients.

Q75- Child with gi symptoms and positive secretin test Diagnosis ?

A. Vimopma
B. Gastrinoma
C. Glucagonoma

Right ans is Gastrinoma

Zollinger–Ellison syndrome (**Z-E syndrome**) is a disease in which tumors cause the stomach to produce too much acid, resulting in peptic ulcers. Symptoms include **abdominal pain** and diarrhea. The syndrome is caused by a **gastrinoma**, a neuroendocrine tumor that secretes a hormone called gastrin.

positive secretin test = Gastrinoma

Q76- patient after trauma developed expanding hematoma on the medial side of the thigh with weak pulses

A- wound exploration in the ER

B- take him directly to OR

C-Observe and analgesia

D-C.T angiogram

Right answer is B- take him directly to OR

المريض عنده Compartment syndrome لان فيه hematoma ضغط على الشريان ف لازم في اقرب وقت نسوي fasciotomy في غرفة العمليات حتى يقل الضغط على الشريان و قبل حصول necrosis و غرغرينا

(ملحوظة السؤال هذا تم حله من قبل استشاري حل خطأ بسبب خطأ في نقل الاختيارات من قبل الطلاب و هذه صيغة اخرى فيها كاملا الاختيارات لذلك الجواب تغير)

Q77- Trauma patient with multiple fractured rips, vitally stable, conscious, oriented and normal breathing sounds bilaterally, next management? What is appropriate??!

- o CT
- o Take him to the OR
- o Pain management with analgesia
- o Orotracheal intubation

Right answer is o Pain management with analgesia

مهم جدااا اعطاء مسكن للمريض ، لان كسور العظام جدا مؤلمة

Q78- Ebola patient threatens to leave the hospital. What will you do?

A. **Discuss with the clinical ethics committee**

B. **B. Call security**

C. C. Contact the hospital administration

D. D. Let the patient go

Ebola =

ايبولا = عيب = كلم security يطلعوه في الخارج

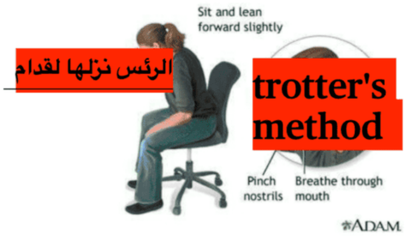
Q79- female presents with painless vaginal bleeding at interval from 3 weeks to 2 months. her secondary characteristics are normal, what to do?

Reassure

Its normal menstrual

Q80- Appropriate position in epistaxis :

A. Lay down
B. Sit and lean foreward
C. Sit and lean backward
D. Stand and lean forward



Q81-Women Urine leakage while coughing and and sneezing , no other symptoms ?

A- Hypermobile urethra
B- Paravaginal defect
C- Enterocele
D- Rectocele

Right answer is A- Hypermobile urethra

Urethral hypermobility is a condition of excessive movement of the female urethra due to a weakened urogenital diaphragm. It describes the instability of the urethra in relation to the pelvic floor muscles.



Q82- Cause of death in hemodialysis patient :

A. Hyperkalemia
B. Cardiovascular disease
C. Anemia
D. Uremia

Right is Cardiovascular disease

حوالی ٦٤٠٦٠٠٠٠ نتیجه (٠٫٥٦ ثانیه)

Cardiovascular **disease** is the leading **cause of death** in **dialysis** patients and sudden **death** (SD) represents a significant proportion of overall mortality in both **hemodialysis** (HD) and peritoneal **dialysis** (PD) patients. 2017/04/01

Fulltext ‹ Article ‹ www.karger.com

Sudden Death in End Stage Renal Disease: Comparing ...



Q83- Most common Site of intussusception:

A- Iliocolic

B-Ileoilial

Right is A- Iliocolic

Ileoileal Intussusception: A Report of Four Cases | Annals ...

More than 80% of **intussusceptions** are of the ileocolic type. [1]. Isolated **ileoileal**, jejunoileal, colocolic and cecocolic **intussusceptions**, on the other hand, are rare. **Intussusception** confined to the small bowel accounts for less than 10% of all cases of childhood **intussusceptions**.



Q84- Clear case of Crohn's disease, asking about the most common site of Crohn's disease:

A. Ileum

B. Rectum

C. Colon

Q85- Another case of Crohn's disease, asking which of the followings came with it:

A. - Perianal disease

B. - Erythema gangrenosum

note : Perianal **Crohn** disease **(PCD) is defined as inflammation at or near the anus, including tags, fissures, fistulae, abscesses, or stenosis.**

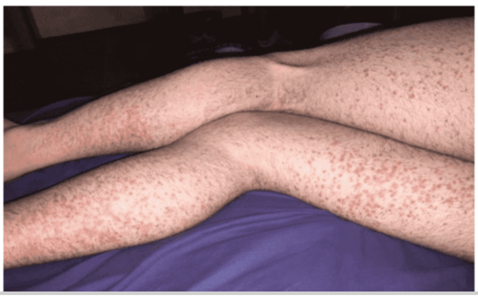
Q86- Young age (case of Crohn's disease presented with perianal disease (Abscess), Next step:

A- Antibiotic

B-Incision and Drainage

Q87- Child with proteinuria and rashes (rashes in lower extremities and buttocks)

A- Henoch-Schönlein purpura



Q88- Case of neutropenic Fever asking about the antibiotic ?

A. vancomycin
B. Meropenem
C. cefuroxime
D. Ceftriaxon

Right is Meropenem



Q89- Child with history off febrile seizures came to ER complaining of jaundice, vomiting, drowsy in the history the mother was afraid from the febrile seizure , he gave her child every 4 hours an antipyretic : What's the cause of the jaundice :

A-paracetamol toxicity

Q90- How do you diagnose and assess diabetic nephropathy?

A - Albumin Creatinine ratio.

90-Child with diagnosis of UTI. What's the most common organism ?

A- staphylococcus saprophyticus

B- Escherichia coli

Right is B- Escherichia coli

The 2 broad clinical categories of UTI are pyelonephritis (upper UTI) and cystitis (lower UTI). The most common causative organisms are bowel flora, typically gram-negative rods. **Escherichia coli** is the organism that is most commonly isolated from pediatric patients with UTIs. ١٢ رجب ١٤٤٠ هـ

emedicine.medscape.com › article › 969643-overview

Pediatric Urinary Tract Infection: Practice Essentials ...

لمحة عن المقتطفات المميزة • تعليقات

Q91-Patient with diagnosis of thyroglossal duct cyst. How to treat ?

A-surgery

B-follow up -

Right answer is A-surgery

NECK MASSES

Congenital

1. A 15-year-old girl has a round, 1-cm cystic mass in the midline of her neck at the level of the hyoid bone. When the mass is palpated at the same time that the tongue is pulled, there seems to be a connection between the two. The mass has been present for at least 10 years, but only recently bothered the patient because it got infected.

What is it? Thyroglossal duct cyst.

Management. Sistrunk operation (removal of the mass and the track to the base of the tongue, along with the medial segment of the hyoid bone). Some people insist that the location of the normal thyroid must be ascertained first with radioisotope scanning.

Q92- what is the commonest type of degenerative endometrium polyp in pregnancy?

A-Hayline

B-Cystic

C-Fatty

D-red

Right answer is D-red

Degeneration

Natural History. Changes in size are dependent on the reproductive life stage of the woman.

- **Slow growth.** Most leiomyomas are small, grow slowly, and cause no symptoms. Only when massive in size do they cause pelvic pressure symptoms.
- **Rapid growth.** Estrogen receptors are increased in leiomyomas resulting in rapid enlargement during times of high estrogen levels, such as pregnancy.
- **Degeneration.** During times of rapid growth, myomas may outgrow their blood supply, resulting in ischemic degeneration of a fibroid. Common degenerations that are seen include hyaline, calcific, and red degeneration. The latter, also known as carneous degeneration, can cause such extreme, acute pain that the patient requires hospitalization and narcotics. This is **most common** during pregnancy.
- **Shrinkage.** When estrogen levels fall, with estrogen receptors no longer stimulated, leiomyomas will typically decrease in size. This predictably occurs after menopause but can also occur when estrogen levels are medically reduced through gonadotropin releasing hormone (GnRH) agonist suppression of follicle-stimulating hormone (FSH).

Q93- Diabetic patient complaining of lower limb hotness and numbness Hb A1c 7 and previously Hb A1c 7 before was 9 to 10 What the best management ?

A-Vit b12
B-Tight blood glucose
C-Physiotherapy

Right answer isB-Tight blood glucose



سابقا التراكمي كان ٩ الى ١٠ وهذا جدا عالي ، لذلك حصل له مضاعفات ارتفاع السكر وهو التهاب الاعصاب الطرفية ، لذلك مهم جدا يضبط السكر التراكمي في كل مرة لان ممكن هذه المرة ضبط التراكمي لكن الاشهر القادمة يهمل العلاج و يزيد الالتهاب ، نعم صحيح نعطيه فيتامين بي ١٢ لكن هو سئل عن best ، لو اعطيناه فيتامين بي ١٢ لن يزول الالتهاب ، يحتاج يضبط السكر لفترة طويله .

Q94- 12 years old boy never take vacations parents worry about meningococcal in hajj What he can take as a prophylaxis ?

A Azithromycin 2 dose

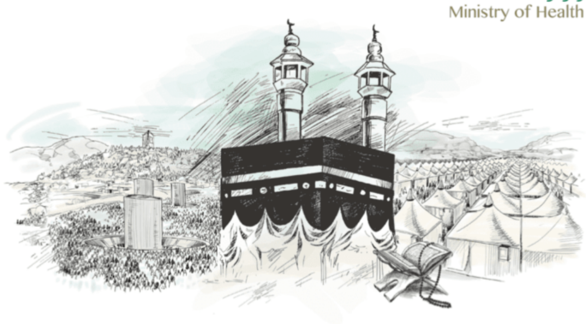
B Ciprofloxacin 2 dose

C Ceftrixone 2 dose

D-Rifampicin

Right answer is D-Rifampicin

وزارة الصحة
Ministry of Health



General Guide for Health of Hajj and Umrah Pilgrims

3rd Edition | 1438H (2017G)

4. For those not holding a certificate confirming vaccination, preventive treatment shall be as follows:
Elderly: They shall be administered oral Ciprofloxacin 500 mg (one dose), and could be replaced in case of contraindications in Rifampicin 600 mg, twice per day for two days (four doses)
Pregnant women: Ceftriaxone 250 mg injection (one dose)
Children: Rifampicin syrup as follows:
    - √ Less than 1 month: 5 mg/kg every 12 hours for two days (4 doses)
    - √ One month and over: 10 mg/kg every 12 hours for two days (4 doses)

Q95- Pediatric case of meningitis, G penicillin was given to him. His parents are concerned about his brother because he was in contact with him. What to do to the brother?

A-A) Hospital admission

B- Oral rifampin

c) IV G penicillin

Right is B- Oral rifampin

96- 15 years old for 2 weeks bloody, mucous diarrhea with **abdominal** pain and **tenesmus**

A. Taenia saginata
B. Ameibiasis
C. Intestinal ascaris
D. Decrease bile salt

Right answer is Ameibiasis

Tenesmus = Ameibiasis

تينس = لعبة تينس = Ameib = ابي لعبة تينس



Q97- Which lymph node will be affected in female patient have something in uterus and going for surgery

A- Para aortic
B- intrailiac

Right is Para aortic

Aorta = اورتا = تورطت =

uterus من tears = دموع





When uterine **cancer** spreads, it leaves the uterus and travels into lymph nodes in the pelvis near the uterus. From the pelvic lymph nodes it spreads to lymph nodes around the main artery from the heart called the aorta. These lymph nodes are called para-aortic lymph nodes.

Includes Diseases: Uterine cancer

Treatments: Hysterectomy

www.texasoncology.com › surgery-...

Uterine Cancer Surgery | Texas Oncology

Q98- Female patient found to have a 4 cm ectopic pregnancy, patient was stable, Bhcg not mentioned, what is the treatment:

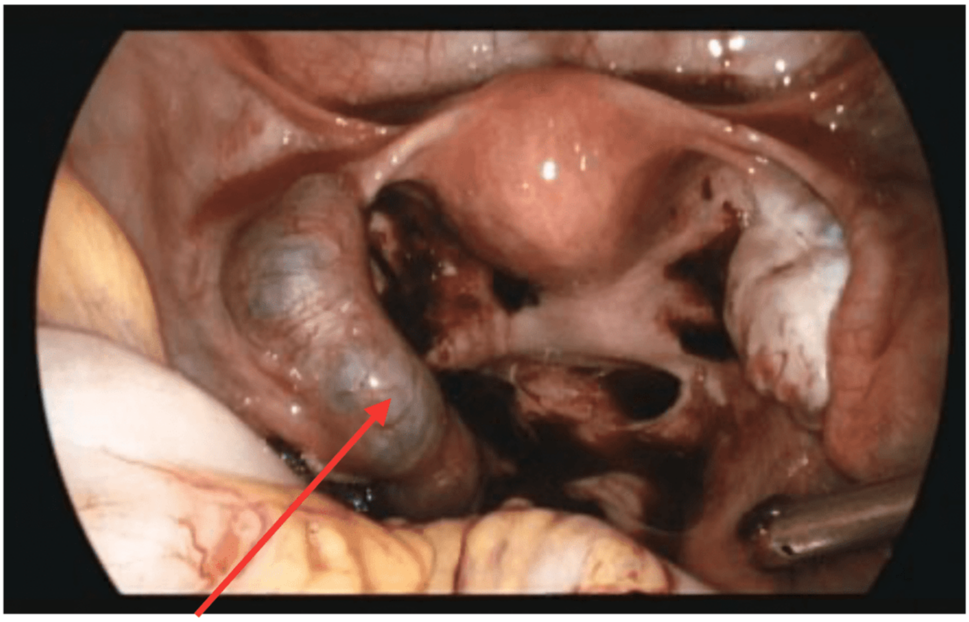
A- surgical excision

B-observation

C-Methroxate

Right is A- surgical excision

لان قالكم اكثر من 3 سم ممنوع نستعمل الادوية لازم جراحة حتى لو المريضة
stable لان ممكن يحصل rupture في اي لحظة وبشكل مفاجئ



هذا ال ectopic pregnancy شوفوا الجنين في ال tube

Surgical treatment: Laparoscopic view of an ectopic pregnancy located in the left Fallopian tube, hematosalpinx is present on the left, the right tube is of normal appearance

Q99- Best way for smoking cessation in pregnancy:

A- behavioral therapy -

B-patch -

C-bupropion

Two counseling **techniques** have been shown to have positive effects in supporting **cessation** among **pregnant** women. These are Cognitive Behavioral Therapy (CBT) and Motivational Interviewing (MI). CBT is a counseling **technique** that has been shown to increase **quit** rates[31]. Dhu'l-H. 1, 1440 AH

www.ncbi.nlm.nih.gov › articles › P...

Smoking cessation in pregnancy: An update for maternity care practitioners

Q100- Invasive pulmonary aspergillosis treatment

A. Rifampicin
B. Cyclovir
C. Tigcycline
D. Voriconazole

Right answer is D. Voriconazole

SECTIONS

life-threatening hemoptysis in patients unlikely to tolerate surgery or in patients with recurrent hemoptysis (eg, patients with CF in whom hemoptysis may be related to underlying bronchiectasis with or without aspergilloma) [13]

Invasive aspergillosis

- Preventive therapy and rapid institution of therapy for suspected cases may be lifesaving
- Prophylactic antifungal therapy and the use of laminar airflow (LAF) or high-efficiency particulate air (HEPA) filtration of patient rooms can be effective
- Voriconazole – Drug of choice [14]
- Posaconazole, amphotericin B, or amphotericin B lipid formulations – May be considered as empiric therapy in critically ill patients with

تواصل معنا

Q101- Sudden infant death syndrome (SIDS) reduced in 2020 The cause

A-infant sleep on their back -

B-Decreas the warm wrapping and room temperature

Right answer is A-infant sleep on their back -

GULF NEWS

PARENTING / CHILD-HEALTH

Cot deaths: Sudden infant death syndrome or SIDS in the UAE: 15 ways to protect your baby

Steps every parent should take to prevent cot death in the UAE

09:34 September 1, 2020



2 THOUGHTS ON “DECEMBER PART 2+ MOST IMPORT 100Q 📝❗😬”

يقول **joking**:

ديسمبر 18, 2021 الساعة 8:15 م

سوال ٣٢ مكتوب ان الجنين بعد الكشف ان عمر الحمل صار ١٨ اسبوع مو المفروض هنا يكون missed Abortion

رد

يقول **rawanh**:

ديسمبر 19, 2021 الساعة 11:16 م

هو فعليا عمره ٢٨ اسبوع بس لانه متوفي فالسونار طلع حجمه اصغر من ٢٨ يعني زي كأنه وقف نموه على ١٨ اسبوع
<<انا كذ فهمت السؤال والله اعلم

رد

اترك تعليقاً

متّصل بالاسم dr.isramalik | تسجيل الخروج؟

التعليق

إرسال التعليق